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FROM:

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DATE:

September 23, 2005

Number of pages 6 with cover page:

Preparer of this slip has confirmed that facsimile number given is correct: 9369/cgm1

## Comments:

Comments:

NOTICE OF APPEAL

DOCKET NO.: 299002051800 GROUP ART UNIT: 2812 **EXAMINER: S. Mulpuri** SERIAL NO.: 09/759,312

FILING DATE: January 12, 2001 INVENTOR(S): Yoshihiro UETA et al.

TITLE: NITRIDE COMPOUND SEMICONDUCTOR LIGHT EMITTING DEVICE AND METHOD

FOR PRODUCING THE SAME

## Papers attached:

1. Transmittal (1 page)

- 2. Fee Transmittal w/duplicate copy for fee processing (2 pages)
- 3. Petition for Extension of Time (1 page)
- 4. Notice of Appeal (1 page)

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PAGE 1/6 \* RCVD AT 9/23/2005 5:14:58 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/31 \* DNIS:2738300 \* CSID:650 813 5993 \* DURATION (mm-ss):02-04

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PTO/SB/21 (09-04) Approved for use through 07/91/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number. Application Number 09/759.312 Filing Date TRANSMITTAL January 12, 2001 First Named Inventor **FORM** Yoshihiro UETA Art Unit 2812 (to be used for all correspondence after initial filing) Examiner Name S. Mulpuri Attorney Docket Number Total Number of Pages in This Submission 299002051800 ENCLOSURES (Check all that apply) Fee Transmittal Form + duplicate After Allowance Communication Drawing(s) for fee processing (2 pages) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Amendment/Reply Appleal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) (1 page) Petition to Convert to a After Final Proprietary Information Provisional Application ower of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Identify below): X Extension of Time Request (1 page) reminal Disclaimer Express Abandonment Request Fax cover sheet Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name MORRISON & FOERSTER LLP (Customer No. 25226) Signature Printed name Christopher B. Eide Date September 23, 2005 48,375 I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

pa-1012305

Dated: September 23, 2008

PAGE 2/6 \* RCVD AT 9/23/2005 5:14:58 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/31 \* DNIS:2738300 \* CSID:650 813 5993 \* DURATION (mm-ss):02-04

(Carolyn G. McKubre)

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Non-English Specification, \$130 fee (no small entity discount)  Other (c.g., late filling surcharge): 1253 Extension for response within third month - 1 month extr. pd. 7/25/05 900.00  1401 Notice of appeal 500.00	Under the	Paperwork Reduction Act of	1995, no person are a	eguired to	U.S. respond to a c	Αρ Pateni and Trado Olection of Interna	proved for use thre mark Office; U.S. ( Stien unless it dissi	ugh 7/31/2008. ( DEPARTMENT C	OMB 0651-003 F COMMERC				
FEE TRANSMITTAL FOR FY 2005    Applicant claims small anny status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1,400.00   Attorney Docket No. 2990d2051800    METHOD OF PAYMENT (\$) 1,400.00   Attorney Docket No. 2990d2051800    METHOD OF PAYMENT (check all that apply)   Check   Credit Card   Money Order   None   Other (please identify);	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).												
FIGHT FY 2005    Applicant claims small entity status. See 37 CFR 1.27   Art Unit   2812   TOTAL AMOUNT OF PAYMENT   (\$) 1,400.00   Attorney Docket No.   2990d2051800				Application Number 09/759,312									
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Check						Attorney Docket No. 299002051800							
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For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)   x   Charge fee(s) indicated below   x   Charge fee(s) indicated below   x   Charge fee(s) indicated below   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s) indicated below, except for the filling fee   x   Charge fee(s)	John (please identity):												
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Test   Claims   Extra Claims   Fee (S)   Fee						harge fee(s) in	dicated below,	except for th	e fillng fee				
FEE CALCULATION	x Charge any additional fee(s) or underpayment of												
1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   SEARCH FEES   Small Entity   Fee (3)   Fee	Ties(a) under 37 CPA 1.18 and 1.17												
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Plant   200   100   300   150   160   380   300   150   160   380   30	Design	200						. ———					
Reissuc 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims 50 25  Each independent claims 200 100  Multiple dependent claims 50 25  Each independent claims 50 25  Each independent claims 50 200 100  Multiple dependent claims 50 200 100  Multiple Dependent Claims 50 180  Total Claims 50 25  Each Stra Claims 50 200 100  Multiple Dependent Claims 16 200 0 200 100  Indep. Claims 50 200 0 200 500 0 0.00  Indep. Claims 50 200 0 200 0 500 0 0.00  Indep. Claims 50 200 0 200 0 500 0 0.00  Indep. Claims 50 200 0 200 0 0.00  Indep. Claims 60 200 0 200 0 0.00  Indep. Claims 60 200 0 200 0 200 0 0.00  Indep. Claims 60 200 0	Plant	200	100	300			-						
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Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims Fee (S) Fee Pald (S)  Multiple Dependent Claims  16	Provisional	200	100	0	0	0	•						
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Extra Claims  Fee (S)  Fee Pald (S)  Multiple Dependent Claims  16 -20 = 0 x 50.00 = 0.00  Indep. Claims  Extra Ctaims  Fee (S)  Fee Pald (S)  Multiple Dependent Claims  Fee Pald (S)  360.00 0.00  Indep. Claims  Extra Ctaims  Fee (S)  Fee Pald (S)  3 -3 = 0 x 200.00 = 0.00  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Shapls  Extra Chaims  Number of each additional 50 or fraction thereof  Fee (S)  Fee Pald (S)  Total Shapls  Extra Chaims  Number of each additional 50 or fraction thereof  Fee (S)  Fee Pald (S)  Total Shapls  Extra Chaims  Number of each additional 50 or fraction thereof  Fee (S)  Fee Pald (S)  Fee Pald (S)  Total Shapls  Extra Chaims  Number of each additional 50 or fraction thereof  Fee (S)  Fee Pald (S)  Fee Pald (S)  Total Shapls  Extra Chaims  Number of each additional 50 or fraction thereof  Fee (S)  Fee Pald (S)  Fee Pald (S)  Total Shapls  Extra Chaims  Fee Pald (S)  Fee Pald (S)  Total Shapls  Fee Pald (S)  Fee Pald							!	5	mall Entity				
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Total Claims Extra Claims Fee (S) Fee Pald (S) Multiple Dependent Claims  16 -20 = 0 x 50.00 = 0.00 Fee (S) Fee Paid (S)  Indep. Claims Extra Claims Fee (S) Fee Paid (S)  3 -3 = 0 x 200.00 = 0.00  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size for due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Shapla Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S)  -100 = /50 (round up to a whole number) x 250.00 = 0.00  4. OTHER FEE(S) Fees Paid (S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extransion for response within third month - 1 month extr. pd. 7/25/05 900.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 48,375 Telephone (650) 813-5720	Multiple dependent claims												
16 -20 = 0 x 50.00 = 0.00 Fee (S) Fee Paid (S)  360.00 0.00  Indep. Claims Extra Ctaims Fee (S) Fee Paid (S)  3 -3 = 0 x 200.00 = 0.00  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S)  -100 = /50 (round up to a whole number) x 250.00 = 0.00  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (c.g., late filing surcharge): 1253 Emension for response within third month - 1 month extr. pd. 7/25/05 900.00  SUBMITTED BY  Signature Registration No. (Attomey/Agent) Christoper R. Eide	l ''		Fog (S)	Roo De	ald (9)	8.0.	ulalala Šanava		180				
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